	77114117	4776	Effect	ive 'Nove	mber	10, 199	8			0/6	15	289		
		CLA		S FILED -	- PAF		mn 2)	,	SMALL	ENTITY	OR	OTHER		
FC	P		NUMBE	R FILED		NUMBER	EXTRA		RATE	FEE]	RATE	FEE	
BASIC FEE										380.00	OR		760.00	
TOTAL CLAIMS			, minus 20= •						X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 = "						X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT						+130=		OR	+260=					
- H	the difference	in col	ımn 1 is	less than z	ero, e	nter "0" in o	column 2		TOTAL	 	OR	TOTAL		
* If the difference in column 1 is less than zero, enter *0* in column 2 U U CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
		a	umn 1) AMS	T	H	olumn 2) IGHEST	(Column 3)	ſ		ADDI-	1	•	ADDI-	
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ENT B	Juls	REN A	umn 1) AMŞ AMING FTER YDMENT		PR	Diumin 2) IGHEST UMBER EVIOUSLY AID FOR	(Column 3) PRESENT EXTRA	;]		ADDI- TIONAL FEE	OR	TOTAL ADDIT. FEE	ADDI- TIONAL FEE	
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Application or Docket Number